
State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATE/RERATE 2013 - PRE -STD

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
State: Arkansas
TOI: MS02G Group Medicare Supplement - Pre-Standardized
Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized
Filing Type: Rate
Date Submitted: 09/07/2012
SERFF Tr Num: UHLC-128672459
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: RERATE 2013 - PRE -STD

Implementation: 01/01/2013
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Sarah Michener, Celina Schrier, Lauren Mulhern

Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 10/25/2012
Disposition Status: Approved-Closed
Implementation Date: 01/01/2013

State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATE/RERATE 2013 - PRE -STD

General Information

Project Name: RATE Status of Filing in Domicile: Pending
Project Number: RERATE 2013 - PRE -STD Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 10/25/2012
State Status Changed: 10/25/2012 Deemer Date:
Created By: Wanda Augustus Submitted By: Wanda Augustus
Corresponding Filing Tracking Number: RERATE 2013 - PRE -STD

Filing Description:
RE: Rate Revision Filing
Rates for Pre-Standardized Medicare Supplement Plans
UnitedHealthcare Insurance Company
NAIC #0707-79413

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
680 Blair Mill Rd. 215-902-8444 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance CoCode: 79413 State of Domicile: Connecticut
Company Group Code: 707 Company Type: Life and
185 Asylum Street Group Name: Health
Hartford, CT 06103 FEIN Number: 36-2739571 State ID Number:
(860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 PER RATE FILING.
Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$50.00	09/07/2012	62484438

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized		
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS		
Project Name/Number:	RATE/RERATE 2013 - PRE -STD		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/25/2012	10/25/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	10/23/2012	10/23/2012
Pending Industry Response	Stephanie Fowler	09/28/2012	09/28/2012

Response Letters

Responded By	Created On	Date Submitted
Wanda Augustus	10/24/2012	10/24/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	RATE SCHEDULE	Wanda Augustus	10/25/2012	10/25/2012
Rate	REVISED RATE ATTACHMENT 9	Wanda Augustus	10/25/2012	10/25/2012
Supporting Document	RATE ATTACHMENTS	Wanda Augustus	10/25/2012	10/25/2012

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized		
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS		
Project Name/Number:	RATE/RERATE 2013 - PRE -STD		

Disposition

Disposition Date: 10/25/2012

Implementation Date: 01/01/2013

Status: Approved-Closed

Comment: The negotiated rate increase of 3% has been approved to be implemented on or after January 1, 2013. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	3.700%	3.700%	\$68,158	1,099	\$2,601,498	3.700%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	COVER LETTER	Approved-Closed	Yes
Supporting Document	RESPONSE LETTER - 10-24-12	Approved-Closed	Yes
Supporting Document	RATE ATTACHMENTS		No
Rate (revised)	RATE SCHEDULE		Yes
Rate	RATE SCHEDULE AND RATE ATTACHMENTS	Approved-Closed	No
Rate	RATE SCHEDULE AND RATE ATTACHMENTS	Disapproved	No
Rate (revised)	REVISED RATE ATTACHMENT 9		Yes
Rate	REVISED RATE ATTACHMENT 9	Approved-Closed	No

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATE/RERATE 2013 - PRE -STD

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/23/2012
Submitted Date	10/23/2012
Respond By Date	11/23/2012

Dear Susan Cipollo,

Introduction:

After further review and discussion of this request, we would be willing to approve a 3% rate increase on this block of business; this offer is made in lieu of disapproval.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized		
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS		
Project Name/Number:	RATE/RERATE 2013 - PRE -STD		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/24/2012
Submitted Date	10/24/2012

Dear Stephanie Fowler,

Introduction:

THIS IS IN RESPONSE TO YOUR OBJECTION DATED 10/23/12

Response 1

Comments:

SEE ATTACHED RESPONSE.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: RESPONSE LETTER - 10-24-12
Comment: SEE ATTCHED RESPONSE.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
RATE SCHEDULE AND RATE ATTACHMENTS	G-36000-4	New	Previous State Filing Number 0	
Previous Version				
RATE SCHEDULE AND RATE ATTACHMENTS	G-36000-4	New	Previous State Filing Number 0	
REVISED RATE ATTACHMENT 9	G-36000-4	New	Previous State Filing Number 0	

Conclusion:

THANKS!

Sincerely,

Wanda Augustus

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATE/RERATE 2013 - PRE -STD

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/28/2012
Submitted Date	09/28/2012
Respond By Date	10/29/2012

Dear Susan Cipollo,

Introduction:

This will acknowledge receipt of the captioned filing.

It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, based on the fact that we have approved fairly consistent rate increases on this block of business since it's inception, we would be willing to accept a 2% increase with a 2 year moratorium on future increases for this block of business.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

SERFF Tracking #:	UHLC-128672459	State Tracking #:		Company Tracking #:	RERATE 2013 - PRE -STD
<hr/>					
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized				
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS				
Project Name/Number:	RATE/RERATE 2013 - PRE -STD				

Amendment Letter

Submitted Date: 10/25/2012

Comments:

Stephanie - Per your conversation with Sue Cipollo today, the rate/rule tab shows only the rates and the attachments were move to the supporting documation tab, as requested.

Changed Items:

Rate/Rule Schedule Item Changes:

Document	Affected Form	Rate	Rate Action Information:	Attach
Name:	Numbers: (Comma Separated list)	Action:		Document:
RATE SCHEDULE	G-36000-4	New		AR Rate Schedules (Pre) - revised 10-24.pdf
AR Rate Schedules (Pre) - revised 10-24.pdf 9	REVISED RATE ATTACHMENT G-36000-4		Other	
				Rate Action Other Explanation: RATE ATTACHMENT 9 IS UNDER THE SUPPORTING DOCUMENTATION TAB, AS REQUESTED

Supporting Document Schedule Item Changes:

User Added -Name: RATE ATTACHMENTS

Comment: SEE ATTACHED RATE ATTACHMENTS.

2013 AR Pre - Attachments.pdf

Attachment 9 (Pre) - revised 10-24.pdf

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized		
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS		
Project Name/Number:	RATE/RERATE 2013 - PRE -STD		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	2.600%
Effective Date of Last Rate Revision:	01/01/2012
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	3.700%	3.700%	\$68,158	1,099	\$2,601,498	3.700%	0.000%

SERFF Tracking #:

UHLC-128672459

State Tracking #:

Company Tracking #:

RERATE 2013 - PRE -STD

State: Arkansas

Filing Company: UnitedHealthcare Insurance Company

TOI/Sub-TOI: MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized

Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS

Project Name/Number: RATE/RERATE 2013 - PRE -STD

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1		RATE SCHEDULE	G-36000-4	New			AR Rate Schedules (Pre) - revised 10-24.pdf
2		REVISED RATE ATTACHMENT 9	G-36000-4	Other	Previous State Filing Number:		
					Percent Rate Change Request:		

UNITEDHEALTHCARE INSURANCE COMPANY
AARP MEDICARE SUPPLEMENT PORTFOLIO

RATE SCHEDULE

FOR

ARKANSAS

GROUP POLICY NUMBER G-36000-4

<u>Plan</u>	<u>Proposed 2013 Monthly Rate</u>	<u>2012 Monthly Rate</u>	<u>Diff. (%)</u>
M1/J1/P1	\$122.00	\$118.50	3.0%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$181.75	\$176.50	3.0%
M3/J3/P3 (with drugs)	\$279.25	\$271.00	3.0%
M3/J3/P3 (without drugs)	\$243.50	\$236.50	3.0%
M4 (with drugs)	\$301.50	\$292.75	3.0%
M4 (without drugs)	\$266.25	\$258.50	3.0%
M5/J5/P5	\$137.25	\$133.25	3.0%
M6/J6/P6/DC/DE/DF	\$203.75	\$197.75	3.0%
M7/P7 (with drugs)	\$283.50	\$275.25	3.0%
M7/P7 (without drugs)	\$248.50	\$241.25	3.0%
MA/PA	\$127.25	\$123.50	3.0%
AD/DP	\$4.00	\$4.00	0.0%

** Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.*

SERFF Tracking #:	UHLC-128672459	State Tracking #:		Company Tracking #:	RERATE 2013 - PRE -STD
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized				
Product Name:	GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS				
Project Name/Number:	RATE/RERATE 2013 - PRE -STD				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	COVER LETTER	Approved-Closed	10/25/2012
Comments:	SEE ATTACHED COVER LETTER.		
Attachment(s):			
2013 AR Pre - Cover Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	RESPONSE LETTER - 10-24-12	Approved-Closed	10/25/2012
Comments:	SEE ATTCHED RESPONSE.		
Attachment(s):			
Response to 10-23 obj (Pre).pdf			



UnitedHealth Group
P.O. Box 130
Montgomeryville PA 18936

September 7, 2012

Jay Bradford
Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Rate Revision Filing
Rates for Pre-Standardized Medicare Supplement Plans
UnitedHealthcare Insurance Company
NAIC #0707-79413

Dear Commissioner:

The attached filing is made to obtain approval for rates effective January 1, 2013 for Pre-Standardized Medicare Supplement Plans, issued to members of AARP.

The proposed rates include an average rate increase of 3.7%. With these increases we project an anticipated loss ratio of 85.3%.

The enclosed actuarial memorandum provides supporting information. Certification regarding compliance with loss ratio standards for your state is also provided.

The rates are proposed to be effective January 1, 2013 through December 31, 2013. For 2013, we propose to defer the implementation of the January 1, 2013 rate revision until April 1, 2013, and have the rates effective through December 31, 2013. We anticipate that the next rate revision will be effective January 1, 2014 through December 31, 2014.

We would appreciate your acting expeditiously on this request so that we can provide AARP members with adequate notice of their 2013 rates.

If you need any further information regarding this matter, please contact me at (215) 902-8429, or via fax at (215) 902-8802. If you prefer to e-mail me, my address is Timothy_A_Koenig@uhc.com.

Sincerely,

A handwritten signature in black ink that reads 'Timothy A. Koenig'.

Timothy A. Koenig, ASA, MAAA
Director, Actuarial Services



UnitedHealth Group
P.O. Box 130
Montgomeryville PA 18936

October 24, 2012

Stephanie Fowler
Arkansas Insurance Department
Life & Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: SERFF Tracking Number UHLC-128672459
Rates for Pre-Standardized Medicare Supplement Plans
UnitedHealthcare Insurance Company
NAIC #0707-79413

Dear Ms. Fowler:

This is in response to your SERFF Objection Letter dated October 23, 2012 regarding the above filing.

Request:

After further review and discussion of this request, we would be willing to approve a 3% rate increase on this block of business; this offer is made in lieu of disapproval.

Response:

UnitedHealthcare agrees to modify the proposed 2013 Medicare Supplement rates for these plans as you indicated in your objection. A revised rate schedule accompanies this letter.

If you need any further information regarding this matter, please contact me at (215) 902-8429, or via fax at (215) 902-8802. If you prefer to e-mail me, my address is [Timothy A. Koenig@uhc.com](mailto:Timothy_A_Koenig@uhc.com).

Sincerely,

A handwritten signature in black ink that reads 'Timothy A. Koenig'.

Timothy A. Koenig, ASA, MAAA
Director, Actuarial Services